

## INFLUENZA UPDATES

The VFC Program began shipment of influenza vaccine the week of September 26, 2005. CDC recommends that flu vaccines be prioritized for the following groups until October 24, 2005, if supply is adequate.

- Persons aged  $\geq 65$  years
- Residents of long-term care facilities
- Persons aged 2-64 years with comorbid conditions
- Children 6-23 months
- Pregnant women
- Health care professionals who provide direct care
- Household contacts and out-of home caregivers of

children aged  $< 6$  months

Total production of influenza is estimated to range between 71 and 97 million doses. There are no delays being reported by any of the manufacturers.

Manufacturers for this flu season include:

1. Sanofi Pasteur, Inc. continues to accept orders for its pediatric influenza vaccine in the pre-filled syringe presentation. 1-800-822-2463
2. MedImmune still has available quantities of its live attenuated vaccine, FluMist1 1-877-358-6478 Option 1.

3. Orders for Chiron and GlaxoSmithKline should be routed through distributors.

The Health Industry Distributors Association (HIDA) offers a listing of many of the distributors that are carrying influenza vaccine this year at [http://www.hida.org/document.asp?document\\_id=10082](http://www.hida.org/document.asp?document_id=10082)

Also, the influenza VIS has been updated. Please distribute the most current version dated 7/18/05. All VISs can be found online at: [www.immunize.org](http://www.immunize.org)

## FDA and CDC Issue Alert on Menactra Meningococcal Vaccine and Guillain Barre Syndrome

The Food and Drug Administration (FDA) and CDC are alerting consumers and health care providers to five reports of Guillain Barre Syndrome (GBS) following administration of Meningococcal Conjugate Vaccine A, C, Y and W 135 (trade name Menactra), manufactured by Sanofi Pasteur. It is not known yet whether these cases were caused by the vaccine or are coincidental.

Because of the potentially serious nature of this matter, FDA, CDC and the District of Columbia Department of

Health (DOH) are asking any persons with knowledge of any possible cases of GBS occurring after Menactra to report them to both the Vaccine Adverse Event Reporting System (VAERS) and to DOH to help the agencies further evaluate the matter. Individuals may report to VAERS on the web at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by phone at 1-800-822-7967 and to Jacquelyn Campbell, DOH Nurse Specialist at (202) 576-7130 ext. 13.

A revised meningococcal VIS that includes information

about the potential association between the vaccine and the GBS is available at now [www.immunize.org](http://www.immunize.org) and should be used.

The full alert is enclosed. The MMWR, which also discusses menactra and GBS can be found online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1006a1.htm>. To ensure that this information is widely disseminated, please make copies of the alert and distribute.

### Inside this issue:

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### Special points of interest:

- DC Childhood Immunization rates surpass the national rates.
- Ask the Experts: An Update on Tdap
- Alert on Menactra Meningococcal Vaccine and GBS.

# DC Childhood Immunization Rates Greatly Improve

The District of Columbia estimated vaccination coverage among children 19-35 months of age has steadily increased from 2000 to 2004. The 2005 results of the National Immunization Survey (NIS) show that the District has surpassed both the national average and the Healthy People 2010 goals for both the 4:3:1:3:3<sup>2</sup> and 4:3:1:3:3:1<sup>b</sup> series.

For the 4:3:1:3:3 series, the District's rate increased from 66.2% in 2000 to 82.5% in 2004, which is above the 2004 national average of 80.9% and

the Healthy People 2010 goal of 80%. For 4:3:1:3:3:1 series, the District's rate increased from 68.3% in 2002 to 79.5% in 2004 compared to the 2004 national average is 76%.

Overall NIS results indicate that vaccination rates for the fourth dose of DTaP vaccine still lag behind other vaccines. The national average is 85.5% while the District's average 89.6%.

The complete 2004 NIS data was released with the CDC's Morbidity and

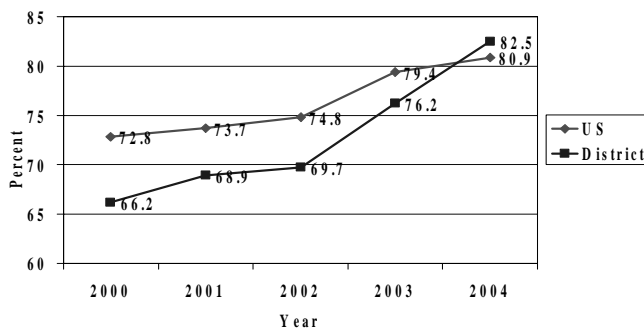
Mortality Weekly Report (MMWR) on Thursday, July 28. This document can be found online at:

<http://www.cdc.gov/mmwr/>.



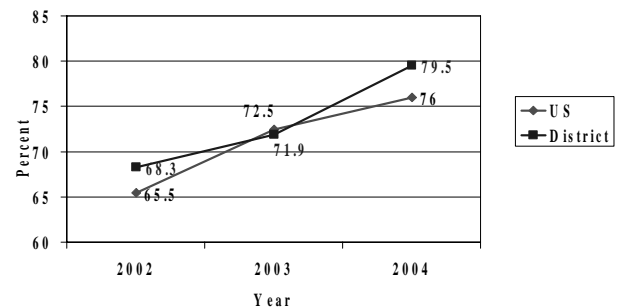
*Vaccinate at every visit unless contraindicated.*

**Estimated Vaccination Coverage for 4:3:1:3:3<sup>a</sup> Series Among Children 19-35 Months of Age from 2000-2004, District of Columbia Compared to the US**



<sup>a</sup>Doses = 4+ DTP, 3+ polio, 1+ MMR, 3+ Hib, 3+Hep B,

**Estimated Vaccination Coverage for 4:3:1:3:3:1<sup>b</sup> Series Among Children 19-35 Months of Age from 2002-2004, District of Columbia Compared to the US**



<sup>b</sup>Doses = 4+ DTP, 3+ polio, 1+ MMR, 3+ Hib, 3+Hep B, 1+Varicella

## Parent Attitudes Toward Immunization and Healthcare

A study published in the American Journal of Preventive Medicine found that basic information about the benefits and risks of vaccines presented by a trusted provider could go a long way toward maintaining and/or improving confidence in the immunization process.

A sample of 642 parents, with at least one child aged ≤ 6 years that responded to the Health Styles survey during July to August 2003, was conducted. While most parents (67%) agreed they had access to enough immunization information, approximately 33% did not.

Parents who disagreed had negative attitudes towards immunizations, providers, immunization requirements/exemptions and trust in people responsible for immunization policy. Specifically, they were more likely to be less confident in the safety of childhood vaccines and to disagree that their child's main healthcare provider is easy to talk to.

This article supports the fact that parents must act as an informed partner in the immunization process. Providers can make a huge impact on vaccine acceptance by assessing the information needs of parents and pro-

viding them with appropriate materials and advice through print materials or referrals to websites. Direct presentation of immunization information provides an opportunity to establish trust and improve the physician-patient relationship.

The full article can be found in the American Journal of Preventive Medicine 2005; 29(2):105-112.

*Tip: Forward all immunization records (especially the birth dose of hepatitis B) including those not administered by your practice to the VFC Program.*

# Ask the Experts\*: An Update on Tdap

**What is the difference between the two new Tdap products, Boostrix and Adacel?** Both of these single-dose booster vaccines were licensed in 2005 to provide protection against pertussis, tetanus, and diphtheria. Boostrix (GlaxoSmithKline) is licensed for persons ages 10–18 years, and Adacel (sanofi pasteur) is licensed for persons ages 11–64 years. Both are approved for one dose only, not multiple doses in a series. The two vaccines also contain a different number of pertussis antigens and different concentrations of pertussis antigen and diphtheria toxoid.

**What are the ACIP recommendations for the use of the new Tdap vaccines?** The Advisory Committee on Immunization Practices (ACIP) voted to recommend that adolescents ages 11–18 years receive one of the two newly licensed Tdap vaccines in place of the currently recommended Td booster to protect adolescents against pertussis.

Adolescents who are ages 11–18 years who already received Td but not Tdap are encouraged to receive a single dose of Tdap to provide protection against pertussis as long as they have completed the recommended childhood DTaP series. It is preferable to have a 5-year interval between Td and Tdap administration; however, Tdap may be administered at any time after Td if the benefit of protection against pertussis outweighs the risk of a local reaction (e.g., during a pertussis outbreak or if the adolescent has close contact with an infant age less than 6 months).

These ACIP recommendations are currently under review by the director of CDC and the Department of Health and Human Services, and will become official when published in the *MMWR*. To access the provisional Tdap recommendations for adolescents, go to: [www.cdc.gov/nip/vaccine/tdap/tdap\\_acip\\_recs.pdf](http://www.cdc.gov/nip/vaccine/tdap/tdap_acip_recs.pdf)

**Can Tdap be given with other vaccines?** Yes. Tdap should be adminis-

tered with other vaccines that are indicated, such as meningococcal conjugate vaccine (Menactra), hepatitis B vaccine, or MMR. Each vaccine should be administered at different anatomic sites using a separate syringe.

**What schedule should I use to vaccinate adolescents who never received the primary series of tetanus toxoid-containing vaccine?** Adolescents who have never received tetanus-containing vaccines, or whose vaccination history is unknown, should receive the 3-dose series. In this case, ACIP recommends Tdap for dose #1, followed 4 weeks later by Td for dose #2, followed at least 6 months later by Td for dose #3. Tdap can substitute for only one of any of the 3 Td doses in the series. The amount of protection provided by a single dose of Tdap in a person who has not previously received pertussis vaccine is not known.

(\*Questions taken from "Needle Tips-Ask the Experts" Vol. 15::2, p. 1, Oct. 2005.)

**TIPS TO HELP AVOID STORAGE AND HANDLING MISTAKES..** 1. Designate more than one person in the office to store and handle vaccines. 2. Record temperatures twice a day. 3. Record temperature for both the refrigerator and freezer. 4. Document out-of-range temperatures on vaccine temperature logs and take action. 5. Have emergency plans for a power outage or natural disaster. **Contact the VFC Program for assistance with developing your vaccine storage and handling plans.**

## FROM THE DESK OF THE REGISTRY

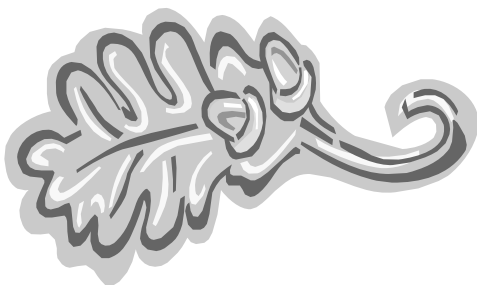
Please be advised that immunization records contained in Alabama, Louisiana and Mississippi State Immunization Registries are accessible to the District of Columbia, Immunization Program. If your clinic, practice, or office is providing immunizations to a person displaced by Hurricane Katrina who does not possess an immunization record, please contact the Immunization Registry at 202-576-7130 ext 7, to retrieve a copy of the individual's immunization record.

To ensure all VARs are processed in a

timely manner, complete all sections of the form including lot numbers and manufacturer information. Incomplete records will be returned for completion.

If you are interested in getting registry access, please contact Valencia Tabron at 202-576-7130 ext 26.

The Registry staff provides on going technical assistance and on-site trainings for new as well as current users upon request.



*In the Registry, "Due" means a patient has reached the routinely recommended age or spacing from last dose to receive a vaccine dose.*

# Tdap, Td and DTaP VIS UPDATES

The Centers for Disease and Control has issued an interim VIS for the new Tdap (tetanus-diphtheria-pertussis) vaccine. CDC will issue the final VIS for Tdap vaccine after MMWR publishes the ACIP recommendations. Until then, healthcare providers should give patients the interim VIS before administering the vaccine.

Several vaccines exist that contain tetanus and diphtheria toxoids; it is important that healthcare providers give patients the VIS that corre-

sponds to the vaccine being administered:

(1) Two Tdap vaccines are licensed in the U.S.; one is for persons ages 10-18 years and the other for persons ages 11-64 years. Healthcare providers should give patients the interim Tdap vaccine VIS (dated 9/22/05) before administering this vaccine.

(2) Td vaccine is licensed for persons ages 7 years and older; healthcare providers must give patients the Td vaccine VIS (dated 6/10/94) before

Administering the vaccine.

(3) DTaP and DT vaccines are licensed for use in children younger than 7 years; healthcare providers must give the DTaP vaccine VIS (dated 7/30/01) before administering either vaccine.

Please note that the interim VIS is currently available only in English. To obtain a copy of the interim VIS for Tdap vaccine online, go to:

[www.immunize.org](http://www.immunize.org)

## MMRV APPROVED BY THE FDA

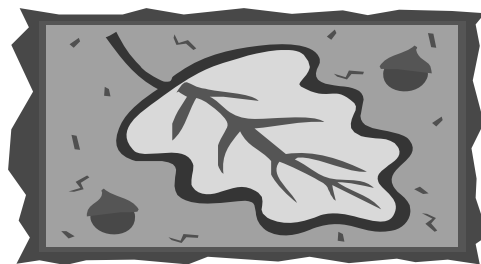
Measles, Mumps, Rubella and Varicella Virus Vaccine Live (MMRV) was approved by the FDA in September. MMRV is indicated for vaccination against measles, mumps, rubella and varicella in children 12 months to 12 years of age. Merck will manufacturer MMRV under the trade name of PROQUAD.

MMRV hasn't been added to the VFC contract. Vaccines are only

added to the VFC contract after the Advisory Committee on Immunization Practices (ACIP) meets and issues recommendations and, separately, a VFC resolution occurs.

The VFC Program will provide updates as more information becomes available. However, for more information on PROQUAD, visit:

<http://www.fda.gov/cber/label/mmrvmr090605LB.pdf>.



*Tip: It is required by law that VISs be given for each vaccine administered during the visit..*

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### EVENTS

**CDC Influenza Campaign** begins October 2005. Information and materials can be found at: [www.cdc.gov/flu](http://www.cdc.gov/flu).

**You Call the Shots**-web based training courses now available. Visit <http://www.cdc.gov/nip/ed/youcalltheshots.htm>

**Training on Epidemiology and Prevention of Vaccine-Preventable Diseases.** November 14-15, Sacramento, CA. This training will also be held in Torrance, CA November 17-18. Contact Myan Nguyen at (510) 540-2065 or by email at [mnguyen@dhs.ca.gov](mailto:mnguyen@dhs.ca.gov).

**National Viral Hepatitis Prevention Conference,** December 5-9, 2005. Hyatt Regency Hotel on Capitol Hill, Washington, DC. Register online at <http://www.signup4.net/Public/ap.aspx?EID=2004101E>. For more information call (202) 483-6622.